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Manuel Garcia Barroso

Faculté Libre de Développement et de Psychothérapie, Paris

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Depression: Clinical Definition and Case Histories

Manuel Garcìa Barroso

Faculté Libre de Développement et de Psychothérapie, Paris

The term *depression* indicates lack of tonicity, loss of energy, feelings of weakness, of powerlessness, unhappiness, self-punishment, and the whole range of negative feelings. We shall consider depression and melancholy as synonyms. Depression and melancholy are thymic troubles, which can be either mild or serious, with all the nuances in between. We find organic affective syndromes with depression, for example, in infectious diseases like the flu, hyperthyroidism, and so forth. They are also found in schizophrenia.

The term *melancholy* is derived from the Greek *melas* (black) and *kholê* (bile), and has been used from antiquity in philosophy, literature, medicine, psychiatry and psychoanalysis to define a form of madness characterised on one hand by a black humor—that is, a deep sadness, a depressive state that may lead to suicide—and on the other hand, by manifestations of fright and discouragement that may or may not appear as delirium.

Historical Record

In the *Dictionary of Psychoanalysis*, Roudinesco and Plon (1997) remind us of the history of the concept.

The manic-depressive polarity can already be found in Hippocrates. The Hippocratic theory of the humors for many centuries described the clinical symptoms in the same way as do modern psychiatric theories: sad mood, feeling of an infinite abyss, a hebetude and extinction of desire and followed by exaltation; irresistible attraction to death, ruins, nostalgia, mourning.

The melancholic humor was associated with black bile. Of the three other humors, blood was said to imitate air, rise in the spring, and hold predominance in childhood; yellow bile was thought to imitate fire, rise in the summer and reign during adolescence; and phlegm to behave like water, arise in the winter, and be dominant in old age. Black bile, by comparison, is seen to imitate earth, rise in autumn, and come to dominance during maturity.

Melancholy, this illness of maturity, autumn, and earth, could dilute itself in other humors and go along with joy and laughter (blood), or with passivity and fury (yellow bile). In these mixtures, it affirms its presence in all forms of human expression. From there arises the idea of the cyclic alternation between one state and the other (mania and depression), characteristic of modern psychiatric nosography. Hippocrates had already had the right intuition, in the fifth century BC.

However, melancholy was Saturn's illness. Saturn was the earth god of the Romans, morbid and desperate, identified with Chronos in Greek mythology. Chronos had castrated his father, Uranus, before devouring his children. We therefore called melancholics saturnines. Each time period has constructed its own representation of the illness. Here we see another aspect: the relation between depression and the flight of time that leads to death.

Moving forward in history, the melancholy of the person abandoned by God suggests the idea of mourning (Burton, 1577–1640). Victor Hugo describes melancholy as the "strange happiness of being sad," thus pointing out the erotisation of sorrow, the masochistic defense against annihilation. Called lypemania (from the Greek *lypè*, sadness) by Jean-Étienne Esquirol (1772–1840), melancholy took the name of circular madness coined by Jean-Pierre Falret (1794–1870) and was then related to mania. At the end of the century, mania would be integrated by Emil Kraepelin in the manic-depressive madness to later become manic-depressive psychosis.

In the psychoanalytic context, we will refer to Freud's (1961) article *Mourning and Melancholy*, written in 1915. In order to properly situate this major text, let us recall that a child does not exist alone (Winnicott, 1975): a child exists within his maternal environment and therefore in the symbiotic relationship that characterises this first period of life. Breastfeeding has two aspects: on the one hand, the

satisfaction of biological needs, and on the other, the satisfaction of psychological desire. Freud says that desire is supported by necessity. We recall the saying: combine business with pleasure. The child's psychological life evolves toward individuation, hence toward the constitution of an object and a subject. During a long period, and perhaps for a lifetime, the child (and the child within the adult) will remain attached, not differentiating himself from his first love objects.

From the first experience of satisfaction, and even before this, the child expects her mother's breast. There is already a genetic imprint that motivates this search. Little by little, as experiences of satisfaction take place, the child reinforces this memory, the satisfaction imprint, and this allows him to reach satisfaction and represent it to herself. The interval between the appearance of desire and that of satisfaction may be more or less important and allows precisely the development of representations of satisfaction which will be the nucleus of all thought activity in the future. During this wait, the object increasingly acquires a more real dimension because of its absence; thus Freud's formulation that the object is known in hatred. If satisfaction were immediate, there would be no difference between intrauterine and extrauterine life. Therefore, this moderate but real wait creates favorable conditions for the development, on the one hand of the subjective pole, and on the other, of the objective pole.

This lost/found object of the hallucinatory/real realization of desire is found in the process of waiting, in mental development, and at the core of psychiatric pathology.

Freud compares mourning and melancholy. Mourning is seen as a physiological state and melancholy as a pathological one. If normal physiological mourning is prolonged, it may become melancholy. Melancholy for Freud is characterised by three aspects:

1) Loss of the loved/hated object with all the feelings that relate to it.
2) Regression to narcissism. The subject identifies himself with the lost object, as it proceeded before the differentiation of the subject-object state by incorporative identification.
3) In this view, feelings toward the object remain strongly ambivalent.

There is a remodeling of the subject's psyche: the subject is highly dissociated because of the ego incorporation of the loved/hated object. The object, in this way incorporated, becomes the target of the superego's attacks: pure culture of the death instinct (e.g., see Freud, 1961 in *Beyond the Pleasure Principle*). At the time of the loss of the object, the archaic hatred toward the object awakens. The hatred takes the forefront and monopolizes the subject's energy in an intrapsychological sadistic superego-masochistic ego-self. All depressive symptoms derive from this pathological intrapsychological relationship.

The worst thing that could ever happen to a child is the loss of her self-object: Winnicott's (1975) breakdown, primary agony. This depressive experience is called by Tustin (1986) "the black hole of psyche."

As we can see in all types of traumas, and of course in depression, trauma and its defenses appear simultaneously. In this way, Winnicott (1975) says "something has happened but yet has not taken place" to point out this simultaneity of the traumatic experience and its rejection. The terms *denial* and *forclusion,* appear constantly in Freud's works (e.g., see *The Standard Edition of the Complete Psychological Works of Sigmund Freud*, 1961). In fact, from Freud's perspective, that very mechanism characterises psychosis.

Depression, like phobia, obsessions, and the like, is a response to the traumatic situation of the loss of the object. Depression, in many aspects, can be linked to desire. Desire is characterised by lack of something or somebody. For Lacanians, this lack opens up to desire, which is the motor of human constructions, of progress on one hand, and of destructiveness on the other.

For Melanie Klein (e.g., Klein, 1957), the depressive position, which follows the paranoid one in the subject's maturation process, would constitute an insight on the hatred that the subject feels for the object. The depressive position would then lead the subject to a relational maturity with its objects.

At the end of the twentieth century, depression—that is, melancholy—became in industrial societies a sort of equivalent of the hysteria observed by Charcot at the Salpêtrière Hospital in Paris in the nineteenth century: a true illness of the time. At that time, hysteria was seen as a rebellion of the feminine body against patriarchal oppression. A hundred years later, depression seems to be the opposite. It marks the failure of the revolt paradigm in a world devoid of ideals and dominated by a powerful pharmacological technology which is very therapeutically efficient.

Apart from that, as Freud (1961) pointed out, the

subject's permanent inability to mourn the lost object is a constant in the melancholic structure. This explains the search for the lost intrauterine paradise and for the lost/found object of the hallucinatory/real satisfaction of desire. This search impels investigators to research, revolutionaries to pursue an ideal that slips away, creators to surpass themselves, and in the end, all of us to go forward on the path to fulfillment.

Depression appears as a wide spectrum of manifestations that range from the simple depressive reaction to a depressive state, and even characterized melancholy in the form of psychosis. Depression is the illness of our time, as was hysteria in the past (Roudinesco & Plon, 1997).

To conclude this historical record: In a transpersonal framework, Jung (1964a, 1964b) brought the fundamental ideas of collective unconscious and archetypes, and Maslow (1972) the concept of peak experience. Maslow, in America, is at the root of the transpersonal movement. Humanistic psychology found the transpersonal without looking for it and in the end recognised it as being such. In this school emerged personalities like Roger Walsh, Frances Vaughan (Vaughan, 1984; Walsh & Vaughan, 1984), Claudio Naranjo (psychedelic work and meditation; Naranjo, 1998), and Ken Wilber (Wilber, 1980, 1997).

We will focus on the work of Stanislav Grof (e.g., Grof, 1975, 1984, 1985, 1988, 1998), who was the cofounder, with Maslow, of the transpersonal movement. In his view, depression would be rooted in perinatal experience, and more particularly, in what he calls the basic perinatal matrices (BPM) II and III.

The BPM II is a dead-end situation. The fetus, after the oceanic experience of happiness of BPM I, faces the discomfort of uterine contractions and the impossibility of advancing in the vaginal canal. This experience powerlessness, despair, helplessness and solitude, like that of the Kleinian bad breast, constitutes for Grof above all a bad womb. This phase builds the grounds for inhibited depression characterized precisely by powerlessness, by forsaking any attempt to find a solution.

BPM III constitutes the foundation of anxious depression. This is characterised by psychomotor manifestations such as agitation, which is characteristic of the fetus' forcing in the vaginal canal.

The manic pole would correspond for Grof to the fourth phase that remains to be integrated. Suicide, for him, corresponds to the desire of returning to BPM I, in the context of inhibited depression, or nonassumed birth in the anxious depression.

In the transpersonal vision, apart from our previous considerations on BPM, the subject is in a materialistic world, "hylotropic," in which difficulties, disease, old age, and death are always present. The opening to the holotropic dimension (oriented toward totality) constitutes for the subject the crucial experience of access to its identity with the cosmos and its Source. The great obstacle to this insight is constituted by the identification with the skin-encapsulated ego and the taboo against knowing who you are—so well described by Alan Watts—linked to our hylotropic culture. As illustrated by the six cases discussed below, holotropic breathwork appears as a privileged technique to get in touch with the transpersonal dimension.

Clinical Aspects, Etiology, and Therapeutics

1. Clinical Aspects

Clinical manifestations of depression range from mild reactive depression to prolonged mourning, and in the end to severe melancholy, in which we must distinguish a depression with inhibition from a depression with agitation.

Depression involves more the subject's structures, its feelings of being and the radical call into question of its being in the world. It appears, then, as an absolute threat to the life of the individual, not as an inhibition of such or such function.

Depression may usually be easily detected: not only can the general practitioner or the family make the diagnosis, but also the patient himself. However, depression may sometimes remain hidden, invisible, even for specialists, such as in the case of essential depression in psychosomatic diseases (cancer).

Psychosomatic diseases, which represent manifestations of depression, are characterised by what is called an operative thought (an affective and expressive deterioration of thoughts which are reduced to pure nominalism), in which depressive symptoms can hardly be detected, except by a highly skilled and experienced clinical practitioner.

Depressions of middle age (one's forties and fifties) appear either because the accomplishment of objectives was not as brilliant as the subject had thought it would be, or because questions arise on the meaning of life and work and on one's role in the world and rela-

tions to money and power.

Very often, we also find those depressions that I call *cryptodepressions*, which have been hidden by escaping forward, often since early childhood or adolescence, and that may eventually manifest themselves in the patient's fifties or later on, especially when the subject's life seems to be at its best, complete. Just at that moment, the escaping forward stops and depression invades consciousness.

The ego is unable to cope with the past traumatic situation manifested in the present. Let us consider an example. Mrs T., at 50, has succeeded in her professional and family life. Curiously, infantile conflicts and traumas, which had been until then put aside, manifest themselves in the present with all their acuteness and all the inability of the ego to cope with them. The hyperactivity of Mrs T. had enabled her to keep apart these memories. Thus, we note that psychogenetic factors are not always found in the present. Besides, in the patient there are very vast zones of amnesia to hide these traumas, which have happened, but have not taken place because they have been rejected in the same breath (Winnicott, 1975).

Depression is a negative state, the lack of cathexis of exterior world objects and a deterioration of self-esteem, accompanied by overwhelming guilt feelings, which can lead to melancholic moods in which delirium and suicidal acting out may take place.

We also find depression in another disease of our culture: excitement of any type, especially sexual, in such forms as nymphomania and addictive behaviors. At the roots of addiction, the search for a feeling of being is accounted for by object and narcissistic losses. We may say that the depressive dimension is found, with a greater or lesser importance, at the root of psychiatric psychopathology, especially the narcissistic troubles related to the dimension of being. Neuroses are more related to troubles of the oedipal situation and the castration complex.

2. Etiology

The etiology of depression can be

a) Biological and genetic, resulting from
- -Hormonal regulation and neurotransmission;
- -Intoxication;
- -Psychosomatic illnesses;
- -Neurological diseases;
- -Genetic factors: we find depressive families with a genetic or unconsciously transmitted predisposition.

b) Psychogenetic, resulting from:
- -Loss of the object relation;
- -Loss of a certain image of self;
- -Losses or disillusions as far as ideals are concerned;
- -Losses concerning certainties and beliefs.

3. Therapeutics

In my practice in Paris, in general we treat characterised depression with antidepressant medication, with or without psychotherapy. Antidepressants are effective in 70% of cases, which means that 70% of depressive patients can be "cured" (disappearance of symptoms, suppressive therapy).

Recurrence is variable, and for some of my patients I am obliged to prescribe an antidepressant permanently. If I do not, depression recurs. In the case of bipolar psychosis, I prescribe lithium for life. Without fail, symptoms disappear and patients recover their enjoyment in living and working. Their efficiency is so great that psychiatrists prescribe antidepressants as a general practitioner prescribes antibiotics, worrying only about the effects on the patient's symptomatology. Psychotherapists, on the contrary, try to find psychological causes and work at this level to reduce the symptomatology, in a developmental, personality-transforming framework.

In my practice, it seems to me that the combination of psychopharmacological and psychological treatments is the most suited for these patients. Yet, generally patients will seek a pharmacological treatment more than a psychological one. A psychological treatment implies dealing with their personal history. Often, when the most severe symptoms have disappeared, they quit psychotherapy. The psychological path obliges them to deepen their knowledge of themselves, to grapple with traumatic situations.

In cases that are treated psychologically, by analytical means and others, the patient must face archaic and traumatic anxieties. Besides that, the natural dynamics of traumatism are very often characterised by the disavowal of trauma, a rejection of a possible trauma representation, and possibly the construction of a defensive mechanism against the trauma. The defensive mechanisms may be
- -Escaping forward;
- -Mania;
- -Toxicomaniac excitement;
- -Nymphomania;
- -Workaholism;

-Formation of a hallucinatory neo-reality, be it persecutory or grandiose, a denial system like psychosomatic depression or cryptodepression and the like.

We have been interested by the resistance attitude of patients concerning the therapeutic modality used:

-Denial as long as possible;

-The acceptance or nonacceptance of different proposed therapeutic modalities.

Patients mostly accept pharmacological therapy. In contrast, they do not easily accept psychological therapies. Particularly as far as transpersonal therapies are concerned, if they have religious beliefs they will think they have already used them unsuccessfully; in the case of agnostics, the problem is far more delicate. If the patient accepts a psychocorporeal therapy, he will face transpersonal material. This material will be interpreted by the psychotherapist and accepted by the patient as unconscious manifestations overflowing in nature, mythology, philosophy, ecology, and culture. I avoid talking of transpersonal before the experiences of the patients speak for themselves.

Depression, with its suicidal threat, leads to the confrontation of the subject with real death. In the psychotherapeutic approach, this real death may be symbolized as death of the ego. The death of the ego is situated in the process that encompasses death and rebirth. In this work, we seek to situate depression in a unitary death and rebirth process. We reach this goal thanks to holotropic work. We also find this process in great creators, such as poets and scientists, at the time of mourning. This experience permits abundant creation in their respective fields. They write their most beautiful poems and achieve their most important discoveries.

Breathwork in the Swimming Pool

Clinical Case Observations

We will speak of patients treated by Lidia Farray and Jaime Llinares, with whom once a year we had prolonged weekends of group therapy. At the last meeting, we only had one day and decided to do breathwork in a swimming pool. There were 18 persons in the group, and we have selected 6 of these to comment upon here, incorporating the clinical observations made by Lidia Farray and Jaime Llinares. Our comments should be read in the light of the personal histories, briefly summarised below:

1. Personal Histories

a) JLB: His parents had him out of wedlock. He saw his father very little, because he was a sailor. When his father was at home, he behaved in a distant manner with him. He was in the seminary. He was not ordained as a priest, which was a great frustration for him. He is married and has a daughter. He fights off depression with obsessive rituals. He was well liked by everyone in the group.

b) NJ: He is the eldest of four children. He started working for his father at the age of 13 and felt exploited by him. He felt his father did not love him. When his father died, he did not go to the funeral. He is now a middle-aged hairdresser. He suffered from depression due to overwork and too much responsibility. He is very sociable. He attempts to compensate, in this manner, for the lack of affection from his father.

c) PL: She is the elder of three sisters and she mothered the younger two. Her second-born sister became a high-profile beauty-contest winner. Because of her sister's importance, she felt and was increasingly desexualised and was overwhelmed with responsibilities. She has been working as a hairdresser since she was 15, supporting her sisters. She married, had two children, and divorced. She was then a single mother. She is now 45 years old. She had a depression due to overwork and too much responsibility, both of which kept her away from herself.

d) CM: She was raped by her father. Her mother, knowing this, did nothing to defend her.

e) CC: He is from a working-class family; his parents were farmers. He is the oldest of two sons and was responsible for his brother. He had trouble communicating with his parents. He rebelled against them and resented the responsibilities they gave him. He felt suffocated by his parents' expectations. He was in the seminary for two years. His teacher there tried to seduce him. He is now a philosophy teacher in a high school. He has varicose veins, which may be a manifestation of emotional overload.

f) EO: He is from a middle-class rural family. He has a younger brother. His father died when he was ten years old. He wanted to take over his father's business, but his mother preferred to hand it over to his younger brother. His mother looks down upon him.

He gained a lot of weight as a reaction to anxiety and depression. Thanks to therapy, he managed to lose weight and now is back to normal.

2. Clinical Case Descriptions

a) JLB: I felt a dynamic movement, I do not know how to explain it. I climbed a chimney that was not a chimney, as if climbing a mountain, and I met a sun that was myself. There I found my grandmother and my grandfather (dead). I felt security and happiness and at the same time sadness. I heard my father singing to me an old popular song and my grandmother was also singing old songs. I saw a beach and water and I felt quite sure of myself, until the Immaculate Virgin appeared and I confront her and felt I am stronger than that virginity. I felt great peace. I felt much strength and I knew that what I was doing was correct. I return to the future to my own beach. I come out through a tunnel or a well that rises, and there I see something shining and it is myself. I felt happiness to have met with my father and my grandmother. My grandmother was the one who defended me just as I was. And my father, who gave me the tone of that song, always told me: "To bad times, a good face." When my father was dying he looked at me and said my name. Those were his last words before dying.

b) NJ: It was seven years ago when I decided to let loose the weight that I had carried since I was small; but in this year that I will be fifty I have finally finished doing so. I am a bird, I connect with flight and my wish is to reach the sun. I get carried away because I know nothing is going to happen. I saw myself from high above, as a wonderful being. I had the need to touch and love myself. It seems that today I learnt to fly on my own. Today I touched the sun without the need of my mother, on my own. I was God, I was infinity, I was the sun. I could see the sea below, but when I fell, the sea became a garden full of buds of flowers of many colours. If I ever was myself, it has been in this experience. I felt very happy while this was happening, I was the universe.

c) PL: I always limit myself in my time to avoid bothering, and today I decided not to look for anything. I felt I had knots of pain in several parts of my body and I wanted all the knots of pain to leave my body with the breathing. I managed to dissolve them and I entered in an infinite peace. I floated in a space full of colour, the colours mixed themselves with me, I could not hear anybody, I was everything. The sensation of peace, flotation and colour occupied all, and I was that.

d) CM: I felt fear, I did not want to be touched, I started feeling very nervous. What I wanted was to disappear. I breathed through the pores of my skin not to feel, not to think, to be as if dead, but they did not leave me alone. I connected with the abuses by my father, it weighs me down to have that story always there, I felt that my mother did not take any notice of me, I relived it as if it was happening, I have never believed that that was the root of my problem and now I have seen it clearly, now I know.

e) CC: It was a very placid experience. I entered a state of lightness, weightlessness. It was pleasure and enjoyment. I was inside a vagina and I could feel it. There were contractions as if ending a labour. I felt a moment of anguish and I came out. Then I had a cosmic orgasm, I became a great centre of energy, I was the cosmos. Later I became a child calling its mother. I reached an ancestral state and finally all I wanted was to elevate myself. This state of elevation indicated that I had taken many weights off myself. My diamond can shine in many ways, the others may not see it, but I feel I shine. I have developed an enormous capacity of love, a faucet has opened up. Due to my eagerness to understand everybody I have been nihilistic, I reach the edge of the abysm and I cannot get started. This has something to do with my way, I shall start my forty years having taken a lot off myself. I feel I have given birth to something.

f) EO: A voice told me "You know who I am, stand up and walk." I saw everything in blue, the most wonderful creatures that exist started arriving, they were telling me "You relax, now you play." I could see myself eating with a whale and a shark, I was a dolphin. I was a cloud. Suddenly I saw many birds that were telling me the same thing: "You relax, we shall go but you relax." How can I be breathing, talking and seeing all this? If I talk about it, they will say I am mad. I have left hate and anger behind and I have met the most charming beings. What a pleasure! I felt there were an infinity of ways and possibilities and that if one has the purpose, it can be achieved. I do not have the feeling of being alone anymore, I know that I am alone, but that I am not. That was the message I received from the animals.

3. Comments on the Clinical Observations

a) JLB:

-I see a chimney, it's not a chimney, a chimney like a mountain: there is an ascension symbolism.

-Then we have an encounter and identification with the sun: transpersonal elements.

-I find my grandmother and dead father: historical elements.

-Appearance of the Immaculate Virgin Mary and confrontation: encounter with religious, cultural and mythical images.

-He feels stronger than virginity. Peace. Lots of peace. Lots of strength. Sure judgment.

-A well that goes up: subterraneous ascension. Something shining that is I.

-Historical elements: my grandmother.

-Encounter with his father who tells him: In bad times, put on a happy face. Dying father—he looked at me and he called me by my name instead of "grumat" [his nickname for me]: historical elements.

In the analysis, we find historical elements, elements of identification with the Sun, to the Sun's splendor, confrontation with the archetypical image of Virgin Mary, and the encounter with his father and his grandmother.

His ego is strengthened through the transpersonal identification to the Sun, as well as through the confrontation with the Immaculate Virgin Mary, and through the encounters with his grandmother and father, the latter recognising him at the last moment and calling him by his name.

b) NJ:

-I am a bird. I fly and my desire is to reach the Sun: encounter with himself. Reconstruction of his image positively. Identification with the Sun.

-I learnt to fly *alone* without my mother: identification with God, the Sun, the Infinite. Affirmation of his personality.

-I was the Universe. If I ever was myself, it has been in this experience: this shows that the ego fully asserts itself in its identification with the Sun, with the Cosmos, and with God.

We observe here that the ego extends to the Sun, the Cosmos and God, and finds this *cosmotheandric* unity, of Universe, God and Man, the latter having a feeling of really being himself for once. Contrary to psychosis, the ego is unified again and in no way dispersed. The subject conserves his sense of reality. He has finally found his profound identity, released from all his fears, all his chains and of all his burdens. He is far from depressed, without at the same time being maniacal or delirious. He is a living memory of himself, of the Universe and of his filiation with the source. He identifies himself with a bird, with the Sun. He discovers in himself, or identifies with, the bird and the Sun.

We observe a resemblance between NJ and JLB in their drawings:

-The presence of the sea reminds us of the amniotic fluid.

-The presence of a spermatozoan-shaped object placed in an ascendent and dynamic position.

-The presence of the Sun either directly incorporated in the spermatozoan or separated.

-The presence of an egg-shaped object and of another, spermatozoan-shaped ascending one, suggests fecundation. The subject takes his energy at the source itself of his historical creation.

c) PL:

-The sensation of peace, of floating and of color occupied all, and I was that: transpersonal material.

d) CM:

-Abuse by my father: historical material.

Reliving (not remembering). Now I have seen it clearly, now I know. This experience had not been lived, something had happened but had not yet taken place.

e) CC:

-Levity, weightlessness: transpersonal.

-Inside a vagina: perinatal.

-Once the labor was over, I felt a moment of anguish and I came out, then I had a cosmic orgasm: perinatal.

-The child calls his mother: historical element.

-Feeling of levitation (I have taken many weights off my shoulders): transpersonal.

-I feel I shine: transpersonal.

-I have developed an enormous capacity for love: transpersonal.

-Afterwards, there is a historical sequence in which the subject remembers his previous situation. I felt I had given birth to something: historical, with transpersonal opening.

f) EO:

-A voice told me "you know who I am, rise and walk": encounter with the interior divinity or the representation of Christ. The subject resuscitates like Lazarus, places himself in a transpersonal dimension, as if the eyes of spirit had opened themselves.

-Encounter with fantastic creatures: transpersonal.

-Dining with a whale, a shark, the patient himself

being a dolphin (identification/discovery).

-I was a cloud: identification with / discovery of elements of nature.

-Encounter with the birds who speak to him: transpersonal.

-I know I am alone, yet I am not alone. This was the message I received from the animals: man is the memory of the universe, and presence of spirit, the transpersonal.

From the phenomenological point of view, the experience of being a dolphin was really impressive. He jumped out of the water onto the tiles of the pool like a dolphin without hurting himself and, at the same time, was speaking to me of his experience; he was surprised he was breathing, talking to me and being a dolphin and seeing all these wonderful creatures.

If I say that, they'll say I'm crazy. Different from madness.

The whale is much bigger than the dolphin (the latter can be swallowed by the former without any problem), and the shark is a well-known predator. Nonetheless, the subject who identifies himself with the dolphin shares a meal with them (not his own flesh), with an easy mind and unconcerned. He views predators as his friends, his fellow animals, his brothers, creatures like him.

4. Nonordinary Experiences

Many of the experiences described are nonordinary and refer to states of plenitude, accomplishment, no-fear; of light, love, joy; of having made it, of simplicity, of unity, as are clearly evident in some of the reports.

a) JLB: I felt security and happiness and at the same time sadness. I found I was very peaceful. I felt a lot of strength and I knew that what I was doing was the right thing. I saw something glow that is myself. When my father was dying, he looked at me and said my name.

b) NJ: I saw myself as a wonderful being, I felt the need to touch myself and love myself. It seems that today I learnt to fly alone. Today, I touched the Sun without my mother's help, myself alone. I was God, I was the Infinite, I was the Sun. If at some times I have been myself, it has been in this experience. I felt very happy. I was the Universe.

c) PL: I entered into an infinite peace, I was floating in a space full of color, the colors mixing themselves with me. I heard no one, I was everything. The sensation of peace, of floating and color occupied everything and I was that.

d) CC: I converted myself in a big energy point, I was the Cosmos. A state of levity. I feel I am shining. I have developed an enormous capacity to love. I felt I gave birth to something.

e) EO: You know who I am, rise and walk. I saw everything blue. The most wonderful creatures that exist started to arrive and they were telling me: "You are calm. You play now." I saw myself eating with a whale and a shark, I was a dolphin. I was a cloud. I saw many birds who would tell me the same thing: "You are calm; We will leave, but you remain calm; You have left behind the hatred and the rage." I met the most charming beings. I no longer have the sensation of being alone. I know I am alone but that I am not alone, this was the message I received from the animals.

Regression permits the opening of consciousness, its spatial and temporal expansion to realities forgotten by humanity in the framework of our "civilized" cultures. The work is not regressive but expansive. Leaving our ordinary consciousness, we can have access to all the richness of our cosmotheandric reality. The subject becomes conscious of the width, the amplitude, the depth, the height, and of the ontogenetic, phylogenetic, cosmogenetic, cosmic evolutive history of humanity and its source. This ensemble already exists, has always existed, and will exist forever. The subject will be able at any time to remobilise the forces of the source which are within him. The experience is so full; speaking of it impoverishes it and the subject. Unless he is an artist, he remains silent.

5. Historical, Perinatal, COEX (Condensed Experiences), and Transpersonal Material

In nonordinary states of consciousness we have access to unconscious materials, to feelings and experiences that are not available in the ordinary state. In breathwork, materials of unconsciousness appear in a noncensored manner, undisguised, unlike in dreams.

In this enlarged-consciousness context, transpersonal material is often very abundant along with the historic and perinatal one. In contrast, in ordinary consciousness we do not have access to a part of our history, of our culture. Even in our dreams, transpersonal manifestations are deformed on the one hand, and censored by ordinary consciousness on the other. Paradoxical material in ordinary consciousness is no

longer paradoxical in the enlarged-consciousness level. Humanity is the memory of the Universe and, I would add, of the Source, too.

Regression

We can ask ourselves if breathwork therapy creates a regressive setting, which might lead to remembering intrauterine life. Regression plays a determinant role in the process. I would then like to give my point of view on regression, in psychotherapy in general and in breathwork in particular.

In Freud's nineteenth-century view, as well as for Jung, hypnotic regression, like dreams, could allow an access to unconscious materials. Indeed, in the analytical framework, the patient lies down, in a rather regressive position, and drifts into a sort of awakened reverie called free association. The analyst is also in a mildly regressive position called floating attention. In the end, the two psyches have, during the session, a regressive functioning. There again, the goal consists in bringing forward the repressed unconscious materials. In both hypnosis and analysis, we observe a regressive state that allows access to repressed unconscious materials. In Ericksonian hypnosis (e.g., see Erickson, 1980), regression seeks to stimulate the creative unconsciousness potentials.

For the Hungarian school represented by Ferenczi (1962, 1985) and Balint (1971, 1972), regression is not oriented toward the research of repressed material, but toward the reconstruction of the ego. The famous regression at the ego's service of Balint echoes the fundamental defect that encompasses precocious maternal deficiencies. The goal of analysis for Balint consists in restoring the weak ego from early childhood, by carrying out a corrective experience (Nacht, 1956) in the analytical cure framework. This regression serves the restoration of the ego. Winnicott is situated in this movement, which, remaining in the analytical framework, seeks the regression to dependence to restore the hurt ego.

Panniker (1998), in the transpersonal psychological context, speaks of retro-progression to express this regressive process with an aim to progression. The goals of this process are the following:

-finding the repressed memories;
-reliving or living again the repressed feelings and desires;
-retrieving repressed traumas;
-drawing on the analytical relation to remodel a history marked by absence, deficiency, and traumatic experiences in general;
-drawing on the subject's unconscious (M. Erickson), or the Inconscious-Supraconscious (S. Grof) resources of which she or he himself is unaware.

In my view, regression expresses the subject's psychological amplitude (thickness). Psychological life includes at least ordinary consciousness, sleep, and sleeping of consciousness as well. Regression would rather be an extension of ordinary consciousness which requires a nonordinary state of consciousness—nonordinary for our culture, from the layman's point of view; but this so-called nonordinary state of consciousness seems quite familiar and ordinary for poets, creators, and mystics.

Regression seems to me more a problem of consciousness, of consciousness enlargement, of amplitude (thickness) of the psyche. In short, the amplitude of the psyche has been greatly underestimated and our culture has privileged a rational way of thinking at the expense of other possibilities observed in analysis, for example, or in breathwork or meditation.

Finally, regression is a nonordinary state of consciousness, as far as our cultural consciousness is concerned, as well as a means to have access to our Inconscious-Supraconscious. It is a nonordinary state, in sharp contrast with our cultural consciousness. This regressive state allows access to the Inconscious-Supraconscious. It is situated beyond the splitting between regression *stricto sensu* and progression *stricto sensu;* actually, it is situated in the very amplitude (thickness) of psychological functioning.

The transpersonal unconscious spectrum stretches from the historical-psychoanalytical-personal unconscious, through the Jungian archetypical world (cultural and racial unconsciousness), the phylogenetic memory, the memory of the universe, to the memory of the Source.

The Ego

In the Freudian view, the goal of the cure is: "where the id was, the ego must become." We would be tempted to say, paraphrasing Freud and taking a chance: "where the ego was, the id must become."

This movement is observed during holotropic therapy: the ego enriches itself with id materials, which in our frame of reference correspond not only to psychological energetic materials and unconscious representations, but also to the archetypical world and supraconsciousness. The ego is fortified and enlarged by visits to its unconscious. Most certainly, these visits are not without danger. In the unconscious we may find the best and the worst. Freud's worry was to contain, to tame the unconscious. He used the metaphor of the knight and the horse. The knight represents the conscious ego and the horse the unconscious id. In this manner, the goal of the analytical cure is to make the unconscious conscious. The patient must learn how to use the strength of the horse and the reins of the knight as well as possible.

On the one hand, Freud feels, justifiably, the dangers of the unconscious, and on the other hand, the recovery of these materials by consciousness proves to be absolutely necessary. First, Freud speaks of the unconscious as repressed material (sexuality, aggressivity). Second, he introduces the id concept. The id goes beyond the limits of the repressed unconscious to become the unconscious' energetic and representational reservoir.

Jung's concept of Self encompasses this overall picture and includes the transpersonal and supraconscious dimensions. In point of fact, Jung speaks of the confrontation between the ego and the unconscious. He also mentions the dangers of dissolution in archetypical images or of the inflation of the ego. The danger is, on one hand, that of being dissolved, possessed by the horse's strength (the strength of archetypes), and on the other that of being dissociated, separated from this strength, thus weakening the ego.

Therefore, in the frequent contacts with the unconscious, the ego is enriched with its materials, and in this manner the conscious ego becomes increasingly able to open up to the unconscious. The unconscious' last message would be

You are this, *"tat twam asi"* (Hindi). Where the ego was, the cosmotheandric being must become.

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Correspondence regarding this article should be directed to the author at
10 Square Henry Paté, 75016 Paris, France
Email: mgbarroso@wanada.fr